

**ENDORSEMENT****REQUEST FO LIVE SCAN SERVICE**  
**Applicant Submission****ENDORSEMENT**ORI: A0391 Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer  
Code Assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

BOARD OF REGISTERED NURSING, DCAAgency authorized to receive criminal history information05753Mail Code (five-digit code assigned by DOJ)PO BOX 944210Street No.Street or PO BoxN/AContact Name (Mandatory for all school submissions)SACRAMENTOCA94244-2100CityStateZip Code( )N/AContact Telephone No.

Name of Applicant: \_\_\_\_\_

(Please print)LastFirstMI

AKA's: \_\_\_\_\_

LastFirst

CA Driver's License #: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: ☐ Male ☐ FemaleMisc. No. APPLICANT MUST PAYAgency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_

Misc. No. N/A

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

Place of Birth: \_\_\_\_\_

N/AStreet or PO Box

SOC: \_\_\_\_\_

N/ACity, State and Zip Code

Your Number: \_\_\_\_\_

OCA No. (Agency Identifying No.)Level of Service ☐ DOJ ☐ FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

N/AEmployer NameN/AStreet No.Street of PO BoxN/AMail Code (five digit code assigned by DOJ)N/ACityStateZip CodeN/AAgency Telephone No. (Optional)Live Scan Transaction By: \_\_\_\_\_  
Name of Operator

Date: \_\_\_\_\_

Transmitting AgencyATI No.Amount Collected/Billed